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TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000003769 (5)

1. Corporation Name
FRM POOLS & RE-ENFORCING, INC.

Principal Place of Business	Mailing Address
8802 ROCKY CR DR #165 TAMPA FL 33615 US	8802 ROCKY CR DR #165 TAMPA FL 33615 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 7306 Alvina St; 22 Suite, Apt # etc.; 23 City & State: Tampa, Fl; 24 Zip: 33624; 25 County	2a. Mailing Address: 26 7306 Alvina st; 27 Suite, Apt # etc.; 28 City & State: Tampa, Fl; 29 Zip: 33624; 30 County

3. Date Incorporated or Qualified: 01/11/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3156109 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MASON, FLOYD R
7306 ALVINA ST
#165
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MASON, FLOYD R
STREET ADDRESS	7306 ALVINA ST
CITY ST ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition (TITLE, NAME, STREET ADDRESS, CITY ST ZIP; blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Floyd R Mason — 4-30-95 — 813-920-4510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0443226 FP